

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0 0 40px;"><i>(to be used for all correspondence after initial filing)</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/661,480</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">September 15, 2003</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Chun Ho FAN</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">1765</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">S. Ahmed</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">618902002700</td></tr> </table>	Application Number	10/661,480	Filing Date	September 15, 2003	First Named Inventor	Chun Ho FAN	Art Unit	1765	Examiner Name	S. Ahmed	Attorney Docket Number	618902002700
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Total Number of Pages in This Submission	3													

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
<div style="border: 1px solid black; width: 150px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Adam Keser		
Date	November 6, 2007	Reg. No.	54217